UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TEMPORARY FORM D

OMB Number: 3235-0076 Expires: September 30, 2008 Estimated average burden hours per response....4.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

<u> </u>									
Name (
iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE									
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the issuer									
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PPEO III FTE LTD.									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code									
c/o Permal Capital Management, LLC, 800 Boylston Street, Suite 1325, Boston Massachusetts, 02199 (617) 587-5300									
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code									
if different from Executive offices									
Brief Description of Business									
To operate as a closed end private investment fund									
Type of Business Organization									
□ corporation □ limited partnership, already formed □ other :									
business trust limited partnership, to be formed									
Actual or Estimated Date of Incorporation or Organization: Month Year									
Jurisdiction of Incorporation: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) F N									
GENERAL INSTRUCTIONS Note: this is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500)									

only to issuers that file with the commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a initial notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) PERMAL CAPITAL MANAGEMENT, LLC ("Investment Manager or "IM"") Business or Residence Address (Number and Street, City, State, Zip Code) c/o Permal Capital Management, LLC, 800 Boylston Street, Suite 1325, Boston Massachusetts, 02199 Director General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Managing Partner of IM Full Name (Last name first, if individual) DELITTO, THOMAS M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Permal Capital Management, LLC, 800 Boylston Street, Suite 1325, Boston Massachusetts, 02199 Director ☐ Managing Partner of Check Box(es) that Apply: Promoter ☐ Beneficial Owner Manager of the IM Full Name (Last name first, if individual) BARRETT, C. REDINGTON, III Business or Residence Address (Number and Street, City, State, Zip Code) c/o Permal Capital Management, LLC, 800 Boylston Street, Suite 1325, Boston Massachusetts, 02199 □ Director ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner of the IM Managing Partner Full Name (Last name first, if individual) DIGERONIMO, ROBERT Business or Residence Address (Number and Street, City, State, Zip Code) c/o Permal Capital Management, LLC, 800 Boylston Street, Suite 1325, Boston Massachusetts, 02199 Check Box(es) that Apply: \boxtimes □ Director General and/or □ Promoter Beneficial Owner **Executive Officer** Managing Partner of the IM Full Name (Last name first, if individual) MARINO, BENJAMIN Business or Residence Address (Number and Street, City, State, Zip Code) c/o Permal Capital Management, LLC, 800 Boylston Street, Suite 1325, Boston Massachusetts, 02199 General and/or Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING														
				-				-				<u> </u>	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering									🔲					
Answer also in Appendix, Column 2, if filing under ULOE.								63 600	000 *					
2. What is the minimum investment that will be accepted from any individual?									\$ <u>2,300.</u>	,000 <u></u>				
(Or any lesser amount at the sole discretion of the Board of Directors)									Yes	No				
3. Does the offering permit joint ownership of a single unit?									⊠					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only														
Full	Name	(Last name	first, if in	dividual)										
Busi	iness or	Residence	Address (Number and	d Street, Cit	v State 7	in Code)	1.5	 . –					<u></u>
	Business or Residence Address (Number and Street, City, State, Zip Code) 137 Rowayton Avenue, Rowayton, Connecticut 06853													
Nam	ne of As	sociated B	roker or D	ealer									*** ****	
		curities, In								<u> </u>				
State					or Intends		urchasers						57.	ÎÎ.
					I States)									II states
	IAL. IL	AK. IN	IAZ.	AR KS	CA KY	LA)	CT. ME	DE MD	DC MA	EL.	IGA I MN	HL MS	MO MO	
7	MT	NE)	NV	NH		NM	NY	NC	ND	OH	OK	OR	PA.	
ĺ	RI	SC	SD	TN.	TX	UT	VT	VA	WA	$\overline{\mathbb{W}}$	WL	WY	PR	
Full Name (Last name first, if individual)														
Busi	Business or Residence Address (Number and Street, City, State, Zip Code)													
Nam	ne of As	sociated B	roker or D	ealer										
State	es in W	hich Persor	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers		<u> </u>					
	(Check	"All State	s" or checl	k individua	l States)	•••••		••••••					🗆 A	Il states
	AL	AK			CA								Ш	
	IL NAT		IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
_	MT RL	NE SC	NV SD	NH TN	INJ. TX.	NM UT	NY VT	NC. VA	ND. WA	OH WV	OK.) WL	OR WY	PA PR	
Full Name (Last name first, if individual)														
D														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States) All states								II states						
	AL	AK.	AZ	AR.	CA	CO		DE	DC	FL.	GA	HI		
	IL MT	IN NE	IA NV	NH	KY NJ	LA NM	ME NY	MD NC	MA ND	ML OH	MN OK	MS OR	MO PA	
_	RI		[2]	TNI		IIT	VT	TVA	13/A	[WV]	WI	WV	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			ggregate		ount Already
	Type of Security		ing Price (1)	_	Sold (2)
	Debt			\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)			\$	0
	Partnership Interests			\$ <u>276</u>	5,300,000
	Other (Specify)			\$	<u> 0</u>
	Total	\$ 300	_000,000_	\$ <u>276</u>	5,300,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number vestors (2)	Do	Aggregate Har Amount Jurchases (2
	Accredited Investors		31	\$ <u>276</u>	5,300,000
	Non-accredited Investors		<u>0</u>	\$	0
	Total (for filings under Rule 504 only)		<u>0</u>	\$	0
	Answer also in Appendix, Column \$, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
				_	
	Type of Offering		Type of	Do	
	Type of Offering Rule 505	1	Security	Do •	Sold
	Rule 505		Security 0	Do \$	Sold 0
	Rule 505		Security 0 0	Do \$ \$	Sold 00
	Rule 505 Regulation A Rule 504		Security 0 0 0	\$ \$ \$	Sold 0 0 0
	Rule 505		Security 0 0	\$ \$ \$ \$	Sold 00
4.	Rule 505 Regulation A Rule 504		Security 0 0 0	\$ \$ \$	Sold 0 0 0 0
4.	Regulation A		0 0 0 0	\$ \$ \$	Sold 0 0 0 0
4.	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		Security 0 0 0 0 0	\$ \$ \$	Sold 0 0 0 0
4.	Rule 505 Regulation A		0 0 0 0 0	\$ \$ \$ \$	Sold 0 0 0 0 0 0
4.	Rule 505 Regulation A. Rule 504 Total		Security 0 0 0 0 0 0 0 0 0 0	\$\$ \$\$ \$\$	Sold 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.	Rule 505 Regulation A		0 0 0 0 0	\$\$ \$\$ \$\$ \$ <u>5,000</u> \$ <u>30,0</u>	Sold 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees		Security 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$\$ \$\$ \$\$ \$ <u>5,00</u> \$ <u>5,00</u>	Sold 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.	Rule 505 Regulation A. Rule 504 Total		Security 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$\$ \$\$ \$\$ \$ <u>5,000</u> \$ <u>5,000</u> \$	Sold 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)		Security 0 0 0 0 0 0 0 0 0 0 0 0 0	\$\$ \$\$ \$\$ \$ <u>5,000</u> \$ <u>5,000</u> \$\$ \$\$	Sold 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (Blue Sky filing fees)	on 1	Security 0 0 0 0 0 0 0 0 0 0 0 0 0	\$\$ \$\$ \$_5,00 \$_5,00 \$\$ \$\$ \$\$_5,00	0 0 0 0 0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(3) Reflects an estimate of the initial costs only

5.	Indicate below the amount of the adjusted gross proceed to the purposes shown. If the amount for any purpose is not left of the estimate. The total of the payments listed must forth in response to Part C — Question 4.b above.	known, furnish an estimate and	check the box to the					
			Ö Dir	rments to officers, ectors, & f ffiliates	Payments to Others			
	Salaries and fees		🛭 🗸	<u>(4)</u>	\$ <u> 0 </u>			
	Purchase of real estate		🗵 \$	0	\$0			
	Purchase, rental or leasing and installation of machinery a	🗵 \$	 _0	\$0				
	Construction or leasing of plant buildings and facilities	 	 _0	\$ <u> </u>				
	Acquisition of other businesses (including the value of sec offering that may be used in exchange for the assets or sec issuer pursuant to a merger)	 ⊠ s	⊠ \$ <u>0</u> ⊠ \$ <u>0</u>					
	Repayment of indebtedness		🗵 \$	0	\$ <u>0</u>			
	Working capital	-		\$ <u> </u>				
	Other (specify): Portfolio Investments	 		\$ <u>299,955,000</u>				
			 		\$ <u>0</u>			
			 ⊠ s	<u> </u>	\$ <u>0</u>			
	Column totals		🗵	<u> </u>	9,955,000			
	Total Payments Listed (column totals added)		\(\S\$299.95\)5.000					
(4) Permal Capital Management, LLC, the investment manager, will be entitled to a management fee as well as a performance allocation, as discussed in greater detail in the Issuer's confidential offering materials.								
	D. 1	FEDERAL SIGNATURE						
sign	issuer has duly caused this notice to be signed by the under ature constitutes an undertaking by the issuer to furnish to t rmation furnished by the issuer to any non-accredited inves-	he U.S. Securities and Exchange	Commission, upon w					
Issu	er (Print or Type)	Signature	24	Date	•			
PPE	O III FTE LTD.	/ Denjamin	V Varies	November	2_,2008			
Nan	ne of Signer (Print or Type	Title of Signer (Print or Type)						
	PERMAL CAPITAL MANAGEMENT, LLC, the estment Manager							
	BENJAMIN MARINO, PRINCIPAL AND EF FINANCIAL OFFICER	Benjamin Marino, Principal and Chief Financial Officer of Permal Capital Management, LLC						

